Subject: Fwd: Health Check up Booking Confirmed Request(22S52927), Package Code-, Beneficiary

Code-291582

From: bhavhim bhanot
bhavna_687@yahoo.co.in>

Date: 26/02/2025, 8:42 am

To: mainreception@livasahospitals.com

Dear Himanshu,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name: Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/

Hospital

: Ivy Hospital

Address of Diagnostic/

Hospital-

: Sector - 71, Mohali, Mohali, PUNJAB - 160071

City

: Mohali

State

: PUNJAB

Pincode

: 160071

Appointment Date

: 26-02-2025

Confirmation Status

: Booking Confirmed

Preferred Time

: 09:00 AM - 09:30 AM

Booking Status

: Booking Confirmed

	Member Information	
a Lad Mambar Nama	Age	Gender
Booked Member Name		Female
Bhayna	36 year	remaie

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.

 | Charles | C
- Bring urine sample in a container if possible (containers are available at the Health Check control)
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks, Mediwheel Team Please Download Mediwheel App



You have received this mail because your e-mail ID is registered with **Arcofemi Healthcare Limited** This is a system-generated e-mail please don't reply to this message.

Please visit to our Terms & Conditions for more informaion. Click here to unsubscribe.

@ 2025 - 26, Arcofemi Healthcare Pvt Limited.(Mediwheel)

E C No. 123374 हिमाशु शनोट HIMANSHU U. BHANOT Bank of Baroda





DR. Bhaina Tiwari 508282



C/o Blunt Drawing
R/S
VA, 6/6 (oraldel)
6/6 (analdel)

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Supri! NSNA

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CST.

Dr. Mukesh Mohan Vats
Consultant - Opthalmology
MBBS, MS, FVRS
PMC: 45034

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

Hospital Address: Sector 71, SAS Nagar, Mohali, Punjab-160071

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Corporate Office: 3rd Floor, C-133, Industrial Area, Phase 8, SAS Nagar, Mohali, Punjab-160071 Phone: 91-172-7170000, Fax: 91-172-2274900



26/02/2025

Dr Bhavra Tivocui 2841F.

MP- 03/02/2025

MIH- Rigular Sd | melaip diprien on day 1

PIH -MAD

Olti- MF x Gyrs. Pili- Sy & NVD.

NO gyraccological complaints No do dischayo PV.

Gardasil - 9. < dr.].

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Phone: 91-172-7170000, Fax: 91-172 007 1 Corporate Office: 3rd Floor, C-133, Industrial Area, Phone: 91-172-7170000, Fax: 91-172-2274900

CIN No.: U85110PB2005PTC027898 GSTIN: 03AABCI4594F1ZQ

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Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in







: MRS. DR BHAVNA TIWARI **NAME**

: 06-Aug-1987/F DOB/Gender

UHID : 508282

Inv. No. : 4982186

Panel Name · Livasa Mohali

Bar Code No : 13413152 Requisition Date

SampleCollDate

: 26/Feb/2025 08:54AM : 26/Feb/2025 08:54AM

Sample Rec.Date Approved Date

: 26/Feb/2025 10:26AM

: 26/Feb/2025 08:51AM

: Self Referred Doctor

Observed Value Test Description

Unit

Reference Range

IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3

1.30

ng/mL

0.970 - 1.69

(CLIA/Vitros 5600)

Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organsT3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It Occurs under the influence of medicaments such as propanolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4

9.60

μg/dL

5.52 - 12.97

Summary & Interpretation:

The hormons thyroxime (T4) is the main product secreted by the thyroid gland. The major part of total thyroxime (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken in to account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH

(CLIA/Vitros 5600- TSH 3rd generation)

1 800

mIU/L

0.4001 - 4.049PREGNANCY REFERENCE RANGE FOR TSH IN uIU/mL1st Trimester 0.1298 - 3.1202nd Trimester 0.2749 - 2.6523rd Trimester

0.3127 - 2.947

Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circardian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics, Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularl suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. hence time of the day has influence on the measured serum TSH concentrations
- 2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy
- 4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41-5.18

The highlighted values should be correlated clinically Result Entered By:Geetika 40845

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STIN: USAABCI4594FIZQ

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in







NAME : MRS. DR BHAVNA TIWARI

DOB/Gender : 06-Aug-1987/F

UHID : 508282 Inv. No. : 4982186

Panel Name : Livasa Mohali

Bar Code No : 13413152

Requisition Date : 26/Feb/2025 08:51AM

SampleCollDate : 26/Feb/2025 08:54AM Sample Rec.Date : 26/Feb/2025 08:54AM

Approved Date : 26/Feb/2025 10:26AM

Referred Doctor : Self

Test Description Observed Value Unit Reference Range

BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type:Fluoride Plasma

Plasma Glucose Fasting
(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)

93

mg/dL

Normal 70-99 mg/dl

Impaired Tolerance 100 - 125mg/dl

Diabetic ≥126 mg/dl

Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test
 (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level ≥126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A
 fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

RFT (RENAL FUNCTION TESTS)

Serum Urea (VITROS 5600 /Colorimetric - Urease, UV)	24.00	mg/dL	14.98-36.38
Serum Creatinine (VITROS 5600 /Two-point rate - Enzymatic)	0.70	mg/dL	0.521.04 mg/dl
Serum Uric acid	4.60	mg/dL	2.56.2 mg/dl

Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

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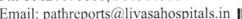


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NAME	: MRS. DR BHAVNA TIWARI		
DOB/Gender	: 06-Aug-1987/F	Requisition Date	: 26/Feb/2025 08:51AM
UHID	: 508282	SampleCollDate	: 26/Feb/2025 08:54AM
Inv. No.	: 4982186	Sample Rec.Date	: 26/Feb/2025 08:54AM
Panel Name	: Livasa Mohali	Approved Date	: 26/Feb/2025 10:26AM

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Bar Code No : 13413152	Referred Doctor	: Self	
Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.70	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.40	mg/dL	Adult 0.0 - 1.1Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	47	U/L	14-36U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	60	U/L	<35
Serum AST/ALT Ratio (Calculated)	0.78		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	69	U/L	12 - 43
Serum Alkaline Phosphatase (VITROS 5000 /Multi-point rate - PMPP, AMP Buffer (37°C))	96	U/L	38126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret, no serum blank, end point)	7.6	g/dl	6.38.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromeresol Green)	5.0	g/dl	3.55.0g/dl
Serum Globulin (Calculated)	2.60	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio	1.92	%	1.0 - 1.8

Interpretation:

(Calculated)

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol (VITROS 5600/Colorimetric - Cholesterol oxidase, esterase, peroxidase)	181	mg/dL	Desirable <200mg/dlBoredrline High 200-239mg/dlHigh ≥240mg/dl
Serum Triglycerides (VITROS 5600/Colorimetric - Enzymatic, end point)	160	mg/dL	Normal < 150mg/dlBoredrline High 150- -199mg/dlHigh 200-499mg/dlVery High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	40	mg/dL	Low to Average <40 mg/dlHigh ≥ 60.0mg/d
Serum VLDL cholesterol (Calculated)	32	mg/dL	7-35

The highlighted values should be correlated clinically

Result Entered By:Geetika 40845

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

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NAME : MRS. DR BHAVNA TIWARI

: 26/Feb/2025 08:51AM : 06-Aug-1987/F Requisition Date DOB/Gender : 26/Feb/2025 08:54AM UHID : 508282 SampleCollDate Sample Rec.Date : 26/Feb/2025 08:54AM Inv. No. : 4982186 : 26/Feb/2025 10:26AM : Livasa Mohali Approved Date Panel Name

Bar Code No : 13413152 Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range	
Serum LDL cholesterol	109	mg/dL	50-100	
Serum Cholesterol-HDL Ratio	4.53		3-5	
Serum LDL-HDL Ratio (Calculated)	2.73		1.5 - 3.5	

Interpretation:

As per ATP 111 Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High <240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

The highlighted values should be correlated clinically Result Entered By:Geetika 40845

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DOB/Gender

: 06-Aug-1987/F

UHID

: 508282

Inv. No.

Panel Name

: 4982186 : Livasa Mohali

Bar Code No

: 13413152

Requisition Date

SampleCollDate

Sample Rec.Date

Approved Date

: 26/Feb/2025 08:59AM : 26/Feb/2025 10:03AM

: 26/Feb/2025 08:51AM

: 26/Feb/2025 08:59AM

Referred Doctor

: Self

Reference Range

Light Yellow

Clear

4.8-7.6

1.010-1.030

Negative

Negative

Negative

Negative

Normal

Negative

Negative

Negative

Negative

Absent

Absent

Absent

Absent

0-5

/hpf

/hpf

/lpf

/hpf

/hpf

/hpf

Test Description

Observed Value

Unit

mL

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume

Urine Colour

Urine Appearance

Chemical Examination (Reflectance Photometry)

Urine pH

Urine Specific Gravity

Urine Glucose

(Oxidase/Peroxidase Reaction) Urine Protein

(Acid Base Indicator Urine Ketones

(Legal's Test

Urine Bilirubin

Urine for Urobilinogen

(Coupling)

Urine Nitrite (Griess Test)

Urine Blood

Microscopic Examination

Urine Pus Cells

Urine RBC

Urine Epithelial Cells

Urine Casts

Urine Crystals

Urine Bacteria Urine Yeast Cells

Amorphous Deposit

40.00

Pale yellow

Hazy

6.00

1.005

Negative

Negative

Negative

Negative

Normal

Negative

Negative

30-40

8-10

15-20

Absent

Absent

Present Absent

Absent

Result Entered By:Geetika 40845

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CIN No.: U85110PB2005PTC027898



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: MRS. DR BHAVNA TIWARI

DOB/Gender

: 06-Aug-1987/F

UHID

: 508282

Inv. No.

: 4982186

Panel Name

: Livasa Mohali

: 13413152

Requisition Date

SampleCollDate

Sample Rec.Date

Approved Date

Referred Doctor

: 26/Feb/2025 08:51AM

: 26/Feb/2025 08:54AM

: 26/Feb/2025 08:54AM

: 26/Feb/2025 10:30AM

: Self

Bar Code No Test Description

Observed Value

Unit

Reference Range

HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c

4.8

Estimated Average Glucose (eAG)

91

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:

(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A

NEGATIVE

Anti B

POSITIVE

Anti D

POSITIVE

Final Blood Group

B POSITIVE

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

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CIN No.: U85110PB2005PTC027898

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NAME

: MRS. DR BHAVNA TIWARI

DOB/Gender

: 06-Aug-1987/F

UHID

: 508282

Inv. No.

: 4982186

Panel Name Bar Code No : Livasa Mohali : 13413152

Requisition Date

SampleCollDate

Sample Rec.Date

Approved Date

: 26/Feb/2025 08:54AM : 26/Feb/2025 08:54AM

: 26/Feb/2025 08:51AM

: 26/Feb/2025 10:42AM

Referred Doctor : Self

Test Description Observed Value

Unit

Reference Range

HAEMATOLOGY

Primary Sample Type:EDTA Blood

ESR

(Automated ESR analyser)

27

mm/h

0-15

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Email: pathreports@livasahospitals.in





MC-6172

NAME : MRS. DR B	BHAVNA TIWARI
------------------	---------------

DOB/Gender : 06-Aug-1987/F UHID : 508282

Inv. No. : 4982186 Panel Name : Livasa Mohali

Bar Code No : 13413152

 Requisition Date
 : 26/Feb/2025 08:51AM

 SampleCollDate
 : 26/Feb/2025 08:54AM

Sample Rec.Date : 26/Feb/2025 08:54AM
Approved Date : 26/Feb/2025 09:57AM

Referred Doctor : Self

Test Description Observed Value Unit Reference Range

HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type-Whole Blood EDTA)

Haemoglobin 12.8 g/ul 12.0 × 13.0
Red Blood Cell (RBC) 4.50 10^6/μl 3.8-4.8
Mean Corp Volume (MCV) 92.3 fL 83-97
Mean Corp Volume (MCV) 92.3 (Impedence/DC Detection) 28.3 pg/mL 27-31 Mean Corp HB (MCH) 30.7 gm/dl 32-36 (Calculated) 30.7 gm/dl 32-36 Red Cell Distribution Width -CV 13.6 % 11-15 (Calculated) 177 10^3/ul 150-450 Platelet Count (Impedence/DC Detection/Microscopy) 12.7 fL 7.5-10.3 (Impedence/DC Detection) 1002 (v.l.) 4.0 - 10.0
Mean Corp HB (MCH) 28.5 pg/M2 (Calculated) 30.7 gm/dl 32-36 Red Cell Distribution Width -CV 13.6 % 11-15 (Calculated) 177 10^3/ul 150-450 Platelet Count (Impedence/DC Detection/Microscopy) 12.7 fL 7.5-10.3 (Impedence/DC Detection) 1002 (ul) 4.0 - 10.0
Mean Corp HB Conc (MCHC) 30.7 gm/dl 32-36 (Calculated) Red Cell Distribution Width -CV 13.6 % 11-15 (Calculated) 177 10^3/ul 150-450 Platelet Count (Impedence/DC Detection/Microscopy) 12.7 fL 7.5-10.3 (Impedence/DC Detection) 1002 (v) 4.0 - 10.0
Red Cell Distribution Width -CV 13.6 % 11-15 (Calculated) 177 10^3/ul 150-450 Platelet Count (Impedence/DC Detection/Microscopy) 12.7 fL 7.5-10.3 (Impedence/DC Detection) 1003 (ul) 4.0 - 10.0
Platelet Count 177 10^3/ul 150-450 (Impedence/DC Detection/Microscopy) 12.7 fL 7.5-10.3 (Impedence/DC Detection) 10^3/ul 4.0 - 10.0
Mean Platelet Volume (MPV) 12.7 fL 7.5-10.3
1002 / 1 100
(Impedence/DC Detection)
Differential Leucocyte Count (VCS/ Microscopy)
Neutrophils 57 % 40-75
Lymphocytes 25 % 20-40
Monocytes 9 % 0-8
Eosinophils 9 % 0-4
Basophils 0 % 0-1
Absolute Neutrophil Count 3,705 µl 2000-7000
Absolute Lymphocyte Count 1,625 uL 1000-3000
Absolute Monocyte Count 585 uL 200-1000
Absolute Eosinophil Count 585 µl 20-500

*** End Of Report ***

The highlighted values should be correlated clinically Result Entered By:Geetika 40845

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Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in







NAME : MRS. DR BHAVNA TIWARI

DOB/Gender : 06-Aug-1987/F

UHID : 508282 Inv. No. : 4982205

Panel Name : Livasa Mohali

Bar Code No : 13413160 Requisition Date

SampleCollDate

Sample Rec.Date

Approved Date

Referred Doctor

: 26/Feb/2025 09:11AM : 26/Feb/2025 09:13AM

: 26/Feb/2025 09:13AM : 26/Feb/2025 10:27AM

: DR. Direct

Test Description

Observed Value

Unit

Reference Range

IMMUNOASSAY

VITAMIN B12

Serum Vitamin B12 (CLIA/Vitros 5600)

448.0

pg/mL

239 - 931

Summary & Interpretation:

Nutritional and macrocytic anemia can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural functional damage to digestive or absorptive processes (forms of pernicious anemia).

Malabsorption is the major cause of this deficiency through

- · Pancreatic deficiency
- Gastric atrophy or gastrectomy
- Intestinal damage
- Loss of intestinal vitamin B12 binding protein (intrinsic factor)
- Production of auto antibodies directed against intrinsic factor

VITAMIN D25 HYDROXY

Serum Vitamin D Total, 25 hydroxy (CLIA/Vitros 5600)

22.3

ng/mL

Deficient: <20 Insufficient: 20-<30 Sufficient: 30-100 Potential Toxicity: >100

Summary & Interpretation:

Vitamin D is mainly produced in skin by exposure to sunlight or is supplied via dietary sources. Liver metabolizes it to 25 hydroxy vitamin D(25 - OHD); which is the major storage and circulating form. The kidney converts 25 - OHD to 1, 25 - OHD under the regulation of PTH. Therefore, normal vitamin D metabolism is dependent on sunlight exposure, intestinal absorption, liver and kidney function. Both 25 - HD & 1, 25 - OHD can be measured to assess vitamin D status. 25 -OHD is the preferred test for patients with normal renal function.

Common causes of Vitamin D deficiency

- Secondary hyperparathyroidism
- Rickets
- Osteomalacia
- Possibly osteoporos

Increased level may lead to vitamin D toxicity.

*** End Of Report ***

M.D PATHOLOGY

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

The highlighted values should be correlated clinically Result Entered By:DIKSHA 40976

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Result Entered By:DIKSHA 40976

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NAME	DP PHAYALA TIMA		
PATIENT ID	DR BHAVNA TIWARI	SEX/AGE	F37Y
	ID508282	Accession Number	
REF CONSULTANT	Dr.		XIV.3220 OPD
		DATE	26/02/2025 09:24

X-RAY CHEST (PA VIEW)

Rotation is present.

Both lung fields appear clear.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

Please correlate clinically.



The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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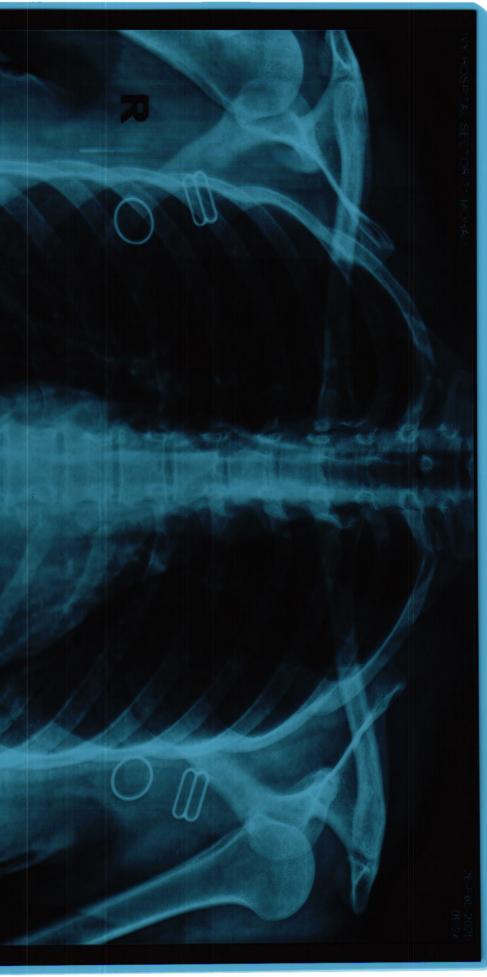
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IVY HOSPITAL SECTOR-71 MOHA





Patient Name Gender/Age DR BHAVNA TIWARI

Female / 38

Patient ID

508282

Test Date:

26 Feb 2025

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient Normal	
Left Ventricular ED Dimension	4.5	3.7-5.6 CM
Left Ventricular ES Dimension	3.4	2.2-4.0 CM
	1.1	0.6-1.2 CM
IVS (D)	1.5	0.7-2.6 CM
IVS (s)	0.9	0.6-1.1 CM
LVPW (D)	1.0	0.8-1.0 CM
LVPW (S)	3.3	2.0-3.7 CM
Aortic Root	3.1	1.9-4.0 CM
LA Diameter	·	

Indices of LV systolic Function Patient Normal

Ejection Fraction 56% 54-76%

Mitral Valve

Aortic Valve

: Normal movements of all leaflet, No subvalvular pathology, No calcification, no

prolapse.

: Thin Trileaflet open completely with central closure

Tricuspid Valve

: Thin, opening well with no prolapse Trivial TR, RVSP = 20+RAPmmHg

Pulmonary Valve

: Thin, Pulmonary Artery not dilated

Pulse & CW Doppler

: Mitral valve:

E= 84cm/s, A= 55cm/s, E>A

Aortic valve:

Vmax =90 cm/s

Pulmonary valve:

Vmax =83 cm/s

Chamber Size -

LV -

Normal/ Enlarged

LA-

Normal / Enlarged

RV -

Normal/ Enlarged

RA -

Normal/ Enlarged

RWMA -

Nil

Others

: Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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Remarks -

FINAL IMPRESSION No RWMA of LV
Normal LV systolic function (LVEF~56%)



DR. RAKESH BHUTUNGRU
Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

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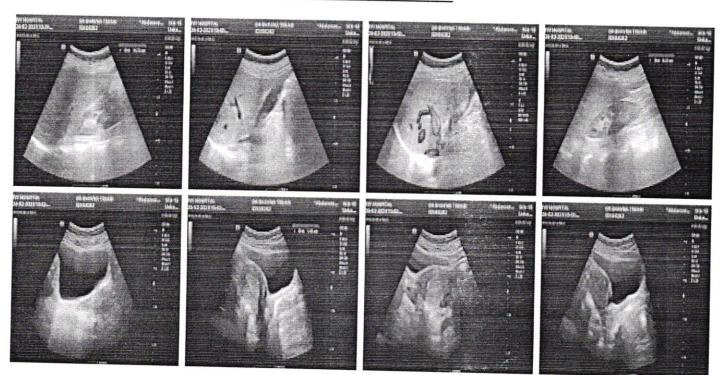
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., DR BHAVNA TIWARI	SEX/AGE	F37Y
ID508282		13/1
PACKAGE	DATE	26/02/2025 10:38
	ID508282	ID508282 Accession Number

USG WHOLE ABDOMEN



<u>LIVER</u>: is normal in size (~ 14.7cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. CBD is not

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~ 9.8cm), outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~ 9.3cm), outline and echotexture. Corticomedullary differentiation is welldefined. No calculi / hydronephrosis is seen.

<u>LEFT KIDNEY</u>: It is normal in size (~ 10.0cm), outline and echotexture. Corticomedullary differentiation is welldefined. No calculi / hydronephrosis is seen.

<u>U-BLADDER</u>: is normally distended at the time of examination with normal wall thickness.

<u>UTERUS</u>: is normal in size, outline and echotexture. ET is ~ 14.5mm, thickened. No discrete focal lesion is seen.

OVARIES: They are normal in size and echotexture. No SOL is seen.

No free fluid is seen in peritoneal cavity.

contd.....

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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ





NAME	., DR BHAVNA TIWARI	SEX/AGE	F37Y
PATIENT ID	ID508282	Accession Number	
REF CONSULTANT	PACKAGE	DATE	26/02/2025 10:38

IMPRESSION: Thickened endometrium.

Dr. Shruti **DNB** Resident



The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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NAME	DR BHAVNA TIWARI	SEX/AGE	F37Y
PATIENT ID	ID508282	Accession Number	
REF CONSULTANT	Dr.	DATE	26/02/2025 09:24

X-RAY CHEST (PA VIEW)

Rotation is present.

Both lung fields appear clear.

Bilateral hilar regions appear normal.

Domes of diaphragm and costophrenic angles appear normal.

Cardiac shadow is within normal limit.

Please correlate clinically.

DR COL HARPRE MOSH

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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